



**POLITICAL ACTION COMMITTEE  
OR LEGISLATIVE CAUCUS COMMITTEE  
STATEMENT OF ORGANIZATION**

State Form 28251 (R9/9-09)

Indiana Election Commission (IC 3-9-1-3 and IC 3-9-1-4)

(CFA - 2)

**PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK SEE INSTRUCTIONS ON REVERSE SIDE.**

**FILE NUMBER**

1. IS THIS AN AMENDMENT? ☒ NO ☐ YES - If YES, please enter the file number in this box

**4023**

**SECTION A COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

2. Full name of committee (Do Not abbreviate) <input type="checkbox"/> Check if this is a new name <b>INDIANA ACADEMY OF FAMILY PHYSICIANS PAC</b>			3. Acronym or Abbreviated Name (if any) <b>IAFP PAC</b>		
4. Mailing Address <input type="checkbox"/> Check if this is a new address <b>4847 SOUTH HIGH SCHOOL ROAD</b>			5. E-mail address (Optional)		
6. City <b>INDIANAPOLIS</b>	State <b>IN</b>	Zip Code <b>46221</b>	7. FAX (Optional)	8. Telephone	9. Committee Organization Date (MM-DD-YY) <b>01/05/1996</b>
10. Is this committee registered with the Federal Election Commission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			11. Is this committee a "Legislative Caucus Committee" under IC 3-5-27.3? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
12. State the purpose of the committee and on which issues the committee expects to focus.					
13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual.			14. Party Affiliation  Is this committee supporting a political party's entire ticket? <input type="checkbox"/> Yes <input type="checkbox"/> No		
15. If supporting or opposing a public question, state both the subject of the question AND the committee position.					
16. Chairperson's Full Name <input type="checkbox"/> Check if this is a new chairperson <b>H. CLIFTON KNIGHT</b>			17. E-mail address (Optional)		
18. Mailing Address <input type="checkbox"/> Check if this is a new address <b>4847 SOUTH HIGH SCHOOL ROAD INDIANAPOLIS IN 46221</b>			19. Telephone (Day) <b>(317) 355-5913</b>	20. Telephone (Evening) <b>(317) 577-1464</b>	
21. Treasurer's Name <input type="checkbox"/> Check if this is a new treasurer <b>JACKIE SCHILLING</b>			22. E-mail address (Optional)		
23. Mailing Address <input type="checkbox"/> Check if this is a new address <b>4847 SOUTH HIGH SCHOOL ROAD INDIANAPOLIS IN 46221</b>			24. Telephone (Day) <b>(317) 856-3757</b>	25. Telephone (Evening) <b>(317) 342-5492</b>	
26. Custodian of Records' Name <input type="checkbox"/> Check if this is a new custodian			27. E-mail address (Optional)		
28. Mailing Address <input type="checkbox"/> Check if this is a new address			29. Telephone (Day)	30. Telephone (Evening)	
31. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, hold accounts, rents safety deposit boxes or maintains funds.) <b>N/A</b>					

**SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)**

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.	Person Appointed Treasurer	Signature of the Committee Chairperson
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**SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)**

33. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of any other campaign finance committee.			FOR OFFICE USE ONLY Confirm Nbr: 8074 Filed: 1/20/1998 9:29:00AM
34. Typed or printed name of Treasurer	Signature of Treasurer	Date (MM-DD-YY)	

**SECTION D. CERTIFICATION OF STATEMENT**

I certify that I am the duly appointed Chairperson of the Committee and have examined this statement. To the best of my knowledge and belief it is true, correct and complete.

35. Typed or printed name of Chairperson	Signature of Chairperson	Date (MM-DD-YY)
Warning: Any information contained in this statement may not be copied for sale or used for any commercial purpose. State law requires that any change in this information be reported within 10 days of the change. (IC 3-9-1-10) A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, and 3-9-4-18).		